Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name FISTFUL OF TACOS MOBILE #3 | | | | | Telephone Number Est 812-557-0226 | Date of Inspection | ID# | | |
|---|---------------------|---|---|---|--|-----------------------|----------------------------|--|--|
| Address 2798 PAOLI PIKE (SUITE H), NEW ALBANY IN 47150 | | | | | Own (812) 207-3474 | 09/10/2021 | | | |
| Owner DERECK WASHBURN | | | | | Purpose X Routine | Follow Up | Released 09/10/2021 | | |
| Owner's Address 2798 PAOLI PIKI | | ΈΗ) Ν | NEW ALBANY, IN 47 | 7150- | Follow-up Complaint | | | | |
| Person in Charge SEAN BISHOP | | | | | Pre-Operational | | | | |
| Responsible Pers DERECK@FIST | | | OS.COM | | Temporary | | | | |
| Certified Food Handler SHAWN BISHOP | | | | | Other (list) | | | | |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" | | | | | | | | | |
| Section # | n# C NC R Narrative | | | | | To Be Corrected | | | |
| 191 | Х | | frozen since the | Observed made-in-house sauces dated 9-1-21. PIC stated that they were frozen since their previous event was canceled and the labels were not changed. | | | | | |
| 324 | | Х | Observed permander of the working degrees F. This | Observed permanent plumbing, which is required for a mobile permit, to 2 weeks not be working. Measured water in cambro used for handwashing at 136 degrees F. This is a hazard and makes it difficult to properly wash hands for 15 seconds. | | | | | |
| 254 | | Х | Observed the the to be askew ma | king it not accurate. Obs | ometer casing in cold holding unit next event erved thermometer reading 50F. | | | | |
| 256 | | Internal food temperature was measured at 40 F. X Observed no probe thermometer. next of | | | | | nt | | |
| | | | | | | | | | |
| Summary of Violations C 1 NC 3 R 0 | | | | | | | | | |
| Received by (nam | e and ti | tle prin | nted): | | Inspected by (name and title printed): Thomas Snider CFS | | | | |
| Received by (sign | ature): | | | | Inspected by (signature): | | | | |
| cc: | | | | cc: | | cc: | | | |